

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

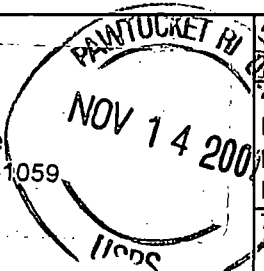
I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Hasbro, Inc.
f/k/a Kenner Toys
1027 Newport Avenue
Pawtucket, RI 02862-1059



4a. Article Number

7099 3400 0000 9588 3083

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

11/14/01

5. Received By: (Print Name)

RENE MARQUIS

6. Signature: (Addressee or Agent)

X *René Marquis*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Name	Hasbro, Inc.
Street	f/k/a Kenner Toys 1027 Newport Avenue
City	Pawtucket, RI 02862-1059
PS Form	Instructions

US EPA RECORDS CENTER REGION 5



463669

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ 2.20
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.26

Send To: Hasbro
 Attn: Kathrin Pagonis Belliveau
 1027 Newport Avenue
 Pawtucket RI 02862

PS Form 3800

CHICAGO, IL 60601
 OCT 23 2003
 D. Sheppard
 CR5
 52-65

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mail piece, or on the front if space permits.

1. Article Addressed to:

Hasbro
 Attn: Kathrin Pagonis Belliveau
 1027 Newport Avenue
 Pawtucket RI 02862

OCT 28 2003
 PWS 02862

2. Article Number (Transfer from service label)

7001 0320 0006 0294 1526

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature ☐ Agent ☐ Addressee

X RENE MACQUEEN

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☐ Express Mail ☐ Return Receipt for Merchandise

X Certified Mail ☐ Registered Mail ☐ C.O.D.

☐ Insured Mail

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-01-M-1424